2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2010
Secretary of State

DOCUMENT# N97000000034

Entity Name: THE DIALYSIS FOOD FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

290-174TH ST.
2012
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

290-174TH ST.
2012
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0721284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEVRIES, LORETTA
290 - 174TH STREET
SUITE 2012
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORETTA DEVRIES
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DE VRIES, LORETTA
Address: 290-174TH ST.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D
Name: LAMBE, SHERENE
Address: 7737 HARBOUR BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D
Name: ESTEVEZ, STELLA
Address: 20291 NE 30TH AVE. APT. 105
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: HUNDY, NIGEL REV
Address: 590 NW 159TH ST
City-St-Zip: MIAMI, FL 33169

Title: D
Name: SICHAK, SCOTT
Address: 831 NE 182 TERRACE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D
Name: SICHAK, GOLDIE
Address: 831 NE 182 TERRACE
City-St-Zip: N MIAMI BEACH, FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORETTA DEVRIES P 10/14/2010
Electronic Signature of Signing Officer or Director Date